



**Bridgewater Academy**  
**After School Registration form**  
**2023-24**

Dear Parents,

Thank you for your interest in the After-School program at BWA. Please fill out the application form completely. **There will be a one-time registration fee of \$20.00; this fee is due upon registration.**

You will be given a 5-day grace period for paying weekly. After the 5-day grace period if your account is NOT caught up or payment arrangements have not been made with the After-school Teacher or Dr. Pinto your child will NOT be allowed to attend the afterschool program until your balance is caught up.

**Please note if you pick your child up after 6:00 pm you will be expected upon pick up to pay \$1.00 per minute to the after-school teacher.**

**Horry County Sheriff's Department will be contacted in regard to child abandonment, unless contact has been made with the after-school teacher prior to your arrival at the school.**

By signing this form, you accept Bridgewater Academy policies.

**Students name:** \_\_\_\_\_ / \_\_\_\_\_ (Last) (First) (Middle)

**Gender:** } Male } Female      **Grade:** \_\_\_\_\_

**Parent's/Guardian's name:** \_\_\_\_\_ / \_\_\_\_\_ (Last) (First) (Middle)

**Permanent address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
                                 **Home**    **Work**    **Cellular**

Emergency Contacts: Please list in order of preference individuals we may contact in the event of an emergency.

**Name** \_\_\_\_\_ **Relation to Child** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Child** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**    \_\_\_\_/\_\_\_\_/\_\_\_\_